

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARECO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 1/2 57TH STREET NE WASHINGTON, DC 20019</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	INITIAL COMMENTS  A initial licensure survey was conducted on June 30, 2008. The client population included six females with varying degrees of mental retardation.  The findings of the survey were based on observations at the group home and interviews with the management staff in the residence and the review of the administrative and habilitation records.	I 000	For clarification, the licensure survey conducted on June 30, 2008 took place at 505 1/2 57 <sup>th</sup> Street, NE; and the population included seven males with varying degrees of mental retardation. No female lives at the home.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION  2008 JUL 24 P 3:53 </div>
I 074	3503.3(c) BEDROOMS AND BATHROOMS  Each bedroom shall be equipped with at least the following items for each resident:  (c) Drawer space; and...  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to provide adequate drawer space for each resident.  The finding includes:  A n environmental inspection bedroom #2 revealed that the chest drawers for each resident were off track.	I 074	The chest of drawers in bedroom #2 have been put back on the track. A thorough internal inspection is taking place to ensure that all furnishings are safe and in good working condition. Environment of Care inspections will be regularly scheduled, and repairs made as needed.	
I 082	3503.10 BEDROOMS AND BATHROOMS  Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.  This Statute is not met as evidenced by: Based on observations and interview at the	I 082		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

7-22-08

If continuation sheet 1 of 4

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PRINTED: 07/16/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/30/2008
NAME OF PROVIDER OR SUPPLIER  CARECO		STREET ADDRESS, CITY, STATE, ZIP CODE 506 1/2 57TH STREET NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 090	Continued From page 3 facility.  3. The grass surrounding the facility was not being maintained properly.	I 090	The grass has been cut and trimmed, and is now on a schedule to be done every two weeks.	07/18/08 and on-going thereafter
I 160	3507.1 POLICIES AND PROCEDURES  Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.  This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure implementation of the agency's written policy and procedures.  The finding includes:  On June 30, 2008, interview and record review that the GHMRP did not evidence a copy of the agency's policy and procedure manual for review by the regulatory agency.	I 160	A copy of Careco's policy and procedure is now in the home for staff to review. All appropriate Careco binders and manuals will be provided for their use. (i.e., Human Resources, Human Rights Committee Minutes and Information, etc.)	07/25/08

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If continuation sheet 4 of 4

# CARECOGROUP

CARECO INC. - CARECO MENTAL HEALTH SERVICES INC. - CARECO HOME HEALTH SERVICES INC.  
CARECO OF MARYLAND INC.

July 21, 2008

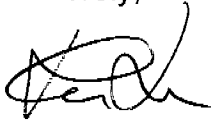
Government of the District of Columbia  
Health Care Regulation and Licensing Administration  
Patricia W. VanBuren, Program Manager  
825 North Capitol Street, NE  
2nd Floor  
Washington, DC 20002

Dear Ms. VanBuren:

Please see the attached Plan of Correction to the Statement of Deficiencies found at 505 ½ 57<sup>th</sup> Street, NE, Washington, DC 20019 per inspection of the facility on June 30, 2008.

If you have any questions, or need any further details or information, I can be reached at 301-565-9400, extension 222, or by e-mail at [DennisLewis@CarecoGroup.com](mailto:DennisLewis@CarecoGroup.com).

Sincerely,



Dennis Lewis  
Director of Operations